

GREG ZOELLER
ATTORNEY GENERAL
OFFICE OF THE INDIANA ATTORNEY GENERAL
5th Floor - Indiana Government Center South
302 West Washington Street
Indianapolis, IN 46204

PROFESSIONAL SOLICITOR NOTICE FILING

Name of the professional solicitor: _____

Name of the charitable organization: _____

Beginning and ending dates of the campaign: ____/____/____ - ____/____/____

GENERAL INSTRUCTIONS:

1. Answer all items completely. *Please type or print legibly.* This form must comply with Indiana Code § 23-7-8-1 *et seq.* and 11 IAC 3-1 *et seq.*
2. You must immediately notify the Consumer Protection Division of any change in the information contained in this notice filing. Extra copies of this form can be downloaded at www.state.in.us/attorneygeneral/consumer/charityfundraisers.html.
3. This form MUST be submitted to the Consumer Protection Division before the projected beginning date of the solicitation campaign.
4. Do not leave questions blank. Write "N/A" if a question does not apply to you.
5. If you cannot provide a complete response to any question in the space provided, attach additional sheets as necessary to provide a complete response. Please mark any additional sheet with the number of the question to which it responds.
6. File with: Office of the Indiana Attorney General
 Consumer Protection Division
 Attn: Fundraiser Registration
 5th Floor - Indiana Government Center South
 302 West Washington Street
 Indianapolis, IN 46204-2770

NOTE: Please read the following definition to verify that you are completing the correct form.

"Professional solicitor" means a person who, for a financial consideration, solicits contributions for, or on behalf of, a charitable organization, either personally or through agents or employees specifically employed for that purpose, including agents or employees specifically employed by or for a charitable organization who solicit contributions under the direction, supervision, or instruction of a professional solicitor. The term does not include a charitable organization, or an officer, a bona fide employee, or a volunteer of a charitable organization, that solicits on its own behalf.

NOTICE FILING

1. Provide the name, title, address, and telephone number of the person to contact regarding this campaign:

Name		Title	
Street Address			
Mailing Address (if different)			
City		State	Zip
Telephone Number (including area code and extension)		Telefax Number (if applicable)	
E-mail Address			

2. Provide the principal address and telephone number of the professional solicitor:

Name		Title	
Street Address			
Mailing Address (if different)			
City		State	Zip
Telephone Number (including area code and extension)		Telefax Number (if applicable)	
E-mail Address			

3. Provide the projected dates when soliciting will begin and end:

____/____/____ - ____/____/____

4. Provide the beginning and ending dates of the contract, if different from item 3 above:

____/____/____ - ____/____/____

5. Provide any and all addresses and telephone numbers from where solicitations will be conducted (attach additional pages, if necessary):

Name

Street Address

City

State

Zip

Telephone Numbers (including area code)

6. Attach a copy of the signed, written contract authorizing this campaign (as described in Indiana Code § 23-7-8-2(d)) to this form.
7. Attach copies of any contracts entered into between registrant and subcontractors or independent contractors concerning fundraising activities for this campaign.
8. If the solicitation campaign is one in which the person soliciting charitable contributions uses the name “police,” “law enforcement,” “trooper,” “rescue squad,” “firemen,” or “firefighter,” provide a copy of the required written authorization from the bona fide police, law enforcement, rescue squad, or fire department authorizing the use of such name.
9. Percentage of gross contributions, fixed percentage of gross revenue, or a reasonable estimate of the percentage of gross revenue that the charitable organization will receive in this campaign: _____%

This percentage must be included in the contract authorizing this campaign. This percentage must be a fixed percentage (not a minimum or a maximum percentage) of gross contributions or revenue. See Indiana Code § 23-7-8-2(d).

PLEASE INDICATE ON WHAT PAGE OF THE
CONTRACT THE PERCENTAGE APPEARS

10. Average percentage of gross contributions received by all charitable organizations from the solicitor for the preceding three (3) years: _____%

This percentage must be included in the contract authorizing this campaign. See Indiana Code § 23-7-8-2(d).

PLEASE INDICATE ON WHAT PAGE OF THE
CONTRACT THE PERCENTAGE APPEARS

Beginning and ending dates of the campaign: ____/____/____ - ____/____/____.

I affirm under the penalties for perjury that the foregoing representations are true and accurate.

Date Signed

Name of Registrant

By:

Signature and Title

Printed Signature

NOTARY

STATE OF _____)
) SS:
COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this ____ day of _____, 20____.

My Commission Expires:

County of Residence:

Signature of Notary Public

Printed Signature

EXHIBIT 'A' TO SOLICITOR NOTICE FILING

NOTICE: Indiana Code 23-7-8-2(e)(4) requires that the following residential information be provided as part of each solicitor notice filing, and further requires that the Division shall not divulge the residence addresses unless ordered revealed by a court or in furtherance of a prosecution of a violation of the Indiana Professional Fundraiser Consultant and Solicitor Registration Act. This entire page MUST be completed.

1. Name of the professional solicitor: _____
2. Name of the charitable organization: _____
3. Beginning and ending dates of the campaign: ____/____/____ - ____/____/____
4. Name and residence address of each person responsible for directing and supervising the conduct of the campaign:

(a)

Name	Title	
Residence Street Address		
City	State	Zip
Telephone Number (including area code)		

(b)

Name	Title	
Residence Street Address		
City	State	Zip
Telephone Number (including area code)		

(c)

Name	Title	
Residence Street Address		
City	State	Zip
Telephone Number (including area code)		

(d)

Name	Title	
Residence Street Address		
City	State	Zip
Telephone Number (including area code)		

(Attach additional pages if necessary.)

Initials of person
completing form _____